

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

5R79TI026408

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: County, Pinellas of

* b. Employer/Taxpayer Identification Number (EIN/TIN):

59-6000800

* c. Organizational DUNS:

0552002160000

d. Address:

* Street1: 315 Court Street

Street2:

* City: Clearwater

County/Parish:

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 33756-5165

e. Organizational Unit:

Department Name:

Human Services

Division Name:

Justice Coordination

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

* First Name: Deborah

Middle Name:

* Last Name: Berry

Suffix:

Title: Operations Manager

Organizational Affiliation:

* Telephone Number: 727-453-7441

Fax Number:

* Email: dberry@pinellascounty.org

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse and Mental Health Services Admin

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

SAMHSACONTINUATION2017

* Title:

SAMHSA 2017 Continuations

13. Competition Identification Number:

CFDA93243

Title:

CFDA93.243

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Elevate:Raising Problem Solving to Another Level
Narrative Attached

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="324,518.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="324,518.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. SIMBA Treatment Drug Courts	93.243	\$	\$	324,518.00	\$	324,518.00
2.						
3.						
4.						
5. Totals		\$	\$	324,518.00	\$	324,518.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	SAMEISA Treatment Drug Courts				
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual	324,518.00				324,518.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-3h)	324,518.00				324,518.00
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$ 324,518.00	\$	\$	\$	\$ 324,518.00
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. SAMHSA Treatment	\$	\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$
14. Non-Federal	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. SAMHSA Treatment Drug Courts	\$	\$	324,513.00	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	324,513.00	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

CHECKLIST

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE)	<input checked="" type="checkbox"/>	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80)	07/21/2015	
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84)	07/21/2015	
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86)	07/21/2015	
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)	07/21/2015	
3. Human Subjects Certification, when applicable (45 CFR 46)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	<input checked="" type="checkbox"/>	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....	<input checked="" type="checkbox"/>	
4. Have biographical sketch(es) with job description(s) been provided, when required?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	<input checked="" type="checkbox"/>	
6. Has the 12 month narrative budget justification been provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. For Competing Continuation and Supplemental applications, has a progress report been included?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Street1:

Street2:

City:

State: ZIP / Postal Code: ZIP / Postal Code4:

E-mail Address:

Telephone Number: Fax Number:

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Street1:

Street2:

City:

State: ZIP / Postal Code: ZIP / Postal Code4:

E-mail Address:

Telephone Number: Fax Number:

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

**Pinellas County, WestCare Gulfcoast Florida, & Center for Rational Living
SAMHSA - Adult Drug Court Services, Coordination, and Treatment
Year 3**

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
			TOTAL	\$0

JUSTIFICATION: Describe the role and responsibilities of each position.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **\$0**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA			
Workers Compensation			
Insurance			

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$0**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	TBD – Year 2 only	Airfare		\$0
		Lodging		\$0
		Per Diem		\$0
		Transportation		\$0
		Membership Fees		\$0
		Conference Fees		\$0
(2) Local travel				\$0
			TOTAL	\$0

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

National Travel: Four staff will travel one time in year 2 to a required Joint Grantee Meeting for four days to a location to be determined with the travel costs are based on current prices. Joint Grantee Meetings will be held virtually in years 1 and 3.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **\$0**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **\$0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
	TOTAL	\$0

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **\$0**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND NARRATIVE JUSTIFICATION. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1)	WestCare Gulfcoast Florida			
	Personnel			
	Clinical Director/Jones (.2 FTE)	\$ 13,000	20% of Annual Salary \$65,000	
	Counselor/Wright (1 FTE)	\$ 38,500	100% of Annual Salary \$38,500	
	PT Case Manager/TBD (.5 FTE)	\$ 17,765	100% of Annual Salary \$17,765	
	Research Assistant/Johnson (1 FTE)	\$ 35,006	100 % of Annual Salary \$35,006	
	Fringe Benefits Rate (23.3%)	\$ 24,712	104,271 x .237	

Name	Service	Rate	Other	Cost
	Travel			
	NADCP Conference			
	Airfare	\$ 0		
	Lodging	\$ 0		
	Per Diem	\$ 0		
	Transportation	\$ 0		
	NADCP Membership Fee	\$ 0		
	NADCP Conference Fee	\$ 0		
	Local Travel	\$ 1,224	200 miles/mo*12 mo*\$.51/mile	
	Supplies			
	Client Curriculum	\$ 8,200	Seeking Safety, MRT, LSIR, TAPD, Relapse Prevention Journal	
	HIV Rapid Test Supplies	\$ 589		
	Office Supplies	\$ 1,200	Monthly office supplies	
	Operations			
	Rent (includes utilities)	\$ 9,600	\$800/month	
	Communications	\$ 2,400	\$200/month	
	Postage	\$ 144	\$12/month	
	Copier Lease & Maint.	\$ 1,200	\$100/month	
	Staff Recruitment	\$ 0	No Cost Years 2 and 3	
	Staff Training	\$ 200	\$200 annually	
	Client Incentives	\$ 1,240	\$20 incentives, 2 ea for 31 clients	
	Property & Liability Ins.	\$ 2,400	\$200/month	
	Licensing Fees	\$ 150	\$150 annually	
	Indirect			
	Approved Rate 26.7%, claiming 26%	\$ 40,958	157,531 x .26	
	Subtotal	\$198,488		\$198,488
2) Rational Living Foundation				
	Personnel			
	Counselor (1 FTE)	\$ 42,230	100% of Annual Salary \$42,230	
	Navigator (1 FTE)	\$ 18,540	100% of Annual Salary \$18,540	
	Clinical Director (.2 FTE)	\$ 14,626	20% of Annual Salary \$73,130	
	Fringe Benefits Rate (23.3%)	\$ 17,567	75,396 x .233	
	Travel			
	Annual Grantee Meeting - Year 2 only			
	Airfare	\$ 500	\$500 *1 staff * 1 trip	
	Lodging	\$ 800	\$200/day*1 staff*4 days*1 trip	
	Per Diem	\$ 220	\$55/day*1 staff*4 days*1 trip	
	Transportation	\$ 100	Shuttle to & from airport \$50 each way	
	NADCP Membership Fee	\$ 60	\$60/staff*1 staff	
	NADCP Conference Fee	\$ 600	\$600/staff*1 staff	

Name	Service	Rate	Other	Cost
	Supplies			
	Computer Program/Office Supplies	\$ 0 \$ 1,800	Year 1 Only \$150/month	
	Operations			
	Rent (includes Utilities)	\$ 13,692	\$2,282/month x 50%	
	Electric	\$ 600	\$100/month x 50%	
	Communications – Telephone	\$ 600	\$100/month x 50%	
	Communications – Internet	\$ 600	\$100/month x 50%	
	Communications – Cell Phone	\$ 1,200	\$100/month	
	Postage/Freight	\$ 60	\$10/month x 50%	
	Staff Recruitment	\$ 0	First year only	
	Client Incentives	\$ 620	\$20/client x 31 clients/year	
	Staff Training	\$ 100	\$100 annually	
	Facility Repair & Maint.	\$ 1,800	\$150/month	
	Property & Liability Ins.	\$ 2,400	\$200/month	
	Licensing Fees	\$ 150	\$150 annually	
	Subtotal	\$118,806		\$118,806
3) WestCare Foundation				
	Personnel			
	Evaluator/Connor	\$ 6,000	10% of annual salary \$60,000	
	Travel			
	Local Travel	\$ 1,224	200 miles/mo.*12 months *\$.51/mile	
	Subtotal	\$ 7,224		\$7,224
			TOTAL	\$324,518

JUSTIFICATION: Explain the need for each contractual agreement and how they relate to the overall project.

(1) WestCare Gulfcoast Florida

Clinical Director: The Clinical Director is responsible for implementing the clinical services for drug court treatment. Responsibilities include but are not limited to; providing direct clinical supervision to assigned counselors in accordance with agency clinical supervision standards. Clinical Director will co-manage the program with the Project Director, with primary focus on the delivery of and fidelity of the MRT and Seeking Safety and other curricula. In addition to providing clinical supervisory functions, the positions will serve as the lead clinical liaison with the Drug Court staff. Qualifications for this position include graduation from an accredited college or university with a Masters degree, LMHC/LCSW and or Masters and CAP or Masters Degree or equivalent in Counseling, Social Work, Rehabilitation, Personnel Management or related field, or comparable years of qualifying experience. Four years experience in treatment programming involving a

combination of work with youth and Adults. Two years must have been in supervision/management.

Counselor: This position is responsible for being trained and certified in the effective delivery of evidence-based treatment curriculum. The Counselor will perform substance abuse and mental health counseling work in individual and group formats. The Counselor will provide evaluation, screening and assessment services for offenders. The Counselor is responsible for documenting in accordance with accreditation and licensing standards. Skills include: sensitivity and awareness of gender specific issues, basic parenting skills, understanding the effects and behaviors related to drug exposed infants and children; understanding of abuse issues and post-traumatic stress disorders. Qualifications include a minimum Bachelor's degree in counseling or related field, Masters Degree in behavioral health filed preferred. Certified Addiction Professional preferred.

Increase in year 2 & 3 due to projected cost of living increase.

Case Manager: This position will provide case management services to clients in order to meet their legal,, familial, physical, emotional, mental health and medical needs. This position will provide ongoing assessment of participant progress and needs and will coordinate referrals to wrap-around services in addition to primary treatment. The Case Manager will possess training and competencies as detailed in the NDCI publication titled, Drug Court Case Management: Role, Function and Utility.

Increase in year 2 & 3 due to projected cost of living increase.

Research Assistant: This position is not a member of the Treatment Team and will collect data that is then analyzed by the Evaluation Director, and will provide information to staff and community partners on adherence and incremental progress of the project with its goals and objectives. The Research Assistant also works closely with staff of the project to make sure that demographic, process and outcome data are collected during outreach activities, and drafts evaluation reports for the Evaluation Director to review and approve. The Research Assistant functions as a staff member of the project, working closely with other project staff, and conducting community interviews and focus groups as needed for the project. The Research Assistant assists staff with data files, maintenance of hard copy forms and instruments and orientates staff to completion of forms.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 23.7% of gross salaries.

Travel: National Travel: One staff will travel in Year 1 only to the NADCP Conference for four days to a location to be determined with the travel costs are based on current prices. The cost of the NADCP membership fee and conference is \$660 per staff.

Local travel is estimated that 200 miles per month will be required for the Research Assistant to travel to appropriate sites for clinical services and client follow up.

Supplies: Client Curriculum - Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

The Level of Service Inventory–Revised™ (LSI-R™) will be used during eligibility screening and during the treatment provider’s integrated screening and assessment protocol to match each offender’s level of service to his/her level of risk and relative to his/her needs. Counselors will also administer the validated Triage Assessment for Psychiatric Disorders (TAPD) developed by The Change Companies®. The TAPD is a brief psychiatric disorder assessment that covers nine AXIS I and five AXIS II conditions to determine if further assessment or services are needed.

The Change Companies® Relapse Prevention Journal provides participants with the tools they need to identify the pattern of relapse and to interrupt that pattern before they slip back into their old criminogenic behaviors. Each participant completes a relapse prevention plan that will help maintain his or her motivation and skill level for responsible living.

Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets and other related supplies.

Decrease in years 2 and 3 because computers first year cost only.

Operations:

Rent of facility to conduct clinical services and group counseling, this cost includes electric, water and sewer.

Communications includes office phone and office fax line for the counselor and research assistant, cell phone for Counselor and Research Assistant is required for timely communication as well as safeguard for staff as they are in the community, and internet services for communication as well as data entry.

Postage is used for mailing letters from clients to family members and other contacts, shipping fees for supply deliveries.

Copier Lease & Maintenance required for the operation of the program and maintaining client files and other required documentation and reporting. Maintenance agreement covers the cost of copier toner and general maintenance of the copier.

Staff Training funding provides continuing education for the program staff to maintain skills and education necessary to provide the highest level of service to the clients being served.

Client Incentives for participation in the evaluation and GPRA data collection efforts 2/yr per 31 clients annually.

Property & Liability Insurance represents property and general liability insurance.

Licensing Fee is the cost of the required Department of Children and Family license to operate the program.

Decrease in years 2 & 3 due to year 1 including staff recruitment costs and MRT Training.

Indirect: These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems. Federally Approved Indirect Rate is 26.7%, but are only charging 26% to the project.

(2) Rational Living Foundation

Counselor: This position is responsible for being trained and certified in the effective delivery of evidence-based treatment curriculum. The Counselor will perform substance abuse and mental health counseling work in individual and group formats. The Counselor will provide evaluation, screening and assessment services for offenders. The Counselor is responsible for documenting in accordance with accreditation and licensing standards. Skills include: sensitivity and awareness of gender specific issues, basic parenting skills, understanding the effects and behaviors related to drug exposed infants and children; understanding of abuse issues and post-traumatic stress disorders. Qualifications include a Masters level education or higher. Certified Addiction Professional preferred.

Increase in year 2 & 3 due to projected cost of living increase.

Navigator: This position will provide case management services to clients in order to meet their legal, familial, physical, emotional, mental health and medical needs. This position will provide ongoing assessment of participant progress and needs and will coordinate referrals to wrap-around services in addition to primary treatment. The Navigator will have a bachelor level education or higher.

Increase in year 2 & 3 due to projected cost of living increase.

Clinical Director: This position will provide clinical supervision, in house training, file reviews, quality assurance, communication with referral sources, conduct therapeutic sessions. The Clinical Director is a licensed mental health professional.

Increase in years 2 & 3 due to projected cost of living increase.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. This is estimated to be 23.3% of gross salaries

Increase in years 2 & 3 due to projected cost of living increase.

Travel: National Travel: One staff will travel one time to NADCP Conference in Year 3 only.

Supplies: Office supplies include paper products, water for drug test, housekeeping cleaners, copy paper, printer ink, staplers, pens, pencils, files, copier, and other related supplies.

Decrease in year 2 & 3 due to year 1 including computer purchase.

Operations:

Rent of facility to provide a group room and to conduct therapy sessions.

Electric costs for lighting, computers, air conditioning, printer and copier functions.

Communications includes office phone and office fax line for the Counselor and Navigator; cell phone for Counselor Navigator is required for timely communication as well as safeguard for staff as they are in the community; and internet services for communication as well as data entry.

Postage is used for mailing letters from clients to family members and other contacts, shipping fees for supply deliveries.

Staff Training funding provides continuing education for the program staff to maintain skills and education necessary to provide the highest level of service to the clients being served. Training opportunities will include CPR, HIV, Domestic Violence, and Aggression Control employees are required to receive per the DOC Licensure held by CRL.

Client Incentives for participation.

Facility Repairs/Maintenance amount represents the cost of minor repairs, pest control, security, cleaning service, tech support, etc.

Property & Liability Insurance represents property and general liability insurance.

Licensing Fee is the cost of the required Department of Children and Family license to operate the program.

Decrease in years 2 & 3 due to year 1 including staff recruitment costs.

(3) WestCare Foundation

Evaluator – Denise Conon, Project Evaluator for several grants funded by SAMHSA-CSAT, and is responsible for the process and outcome evaluation of these projects that includes longitudinal client interviews at baseline, 6-month, and 12-month follow-up. For this current project, she will supervise the evaluation team and be responsible for quality control of the data collection, analysis and reporting processes.

Travel: Local travel is estimated at 200 miles per month will be required for the Evaluator travel.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A)

(Combine the total of consultant and contact) **\$324,518**

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
	TOTAL	\$0

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **\$ 0**

Indirect Cost Rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A) **\$ 0**

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	\$ 0
Fringe	\$ 0
Travel	\$ 0
Equipment	\$ 0
Supplies	\$ 0
Contractual	\$ 324,518
Other	\$ 0
Total Direct Costs*	\$ 324,518
Indirect Costs	\$ 0
Total Project Costs	\$ 324,518

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **\$324,518**

*** TOTAL INDIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) **\$0**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$324,518**

ADD BELOW: OTHER SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER